

**General Services Administration
Federal Acquisition Service
Authorized Federal Supply Schedule Price List**

Online access to contract ordering information, terms and conditions, up-to-date pricing, and the option to create an electronic delivery order are available through GSA-Advantage!™, a menu-driven database system. The Internet address for GSA-Advantage!™ is: <http://www.gsaadvantage.gov>

**Professional Services Schedule (PSS)
Contract Number: GS-23F-0191M**

For more information on ordering from Federal Supply Schedules click here: [For Federal Agency Customers - Ordering from Schedules](#)

Contract Period: May 17, 2002 – May 16, 2017



**ROI Access Management Services, LLC
d/b/a Langley Provider Group
9649 Belair Road, Suite 301
Baltimore, MD 21236
Phone: (410) 248-0500
Fax: (410) 248-2040
www.langleyprov.com**

Business Size/Status: Large

Prices shown herein are NET (discount deducted).

Pricelist current through Modification #PS-0028 dated March 29, 2016



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GENERAL CONTRACT INFORMATION

1a. Table of Awarded Special Item Numbers (SINs):

520-15 / 520-15RC, Outsourcing Recurring Commercial Activities for Financial Management Services
(Please refer to [Page #4](#) for a more detailed description)

1b. Lowest Priced Model Number and Lowest Price: Please refer to rates beginning on [Page #8](#)

1c. Labor Category Descriptions: Please refer to [Page #8](#)

2. Maximum Order: \$1,000,000.00

3. Minimum Order: \$100.00

4. Geographic Coverage: Domestic and Overseas Delivery

5. Point of Production: Not Applicable

6. Discount from List Price: All Prices Herein are Net

7. Quantity Discounts: Not Applicable

8. Prompt Payment Terms: Net 30 days

9a. Government Purchase Card **is** accepted at or below the micro-purchase threshold.

9b. Government Purchase Card **is** accepted above the micro-purchase threshold.

10. Foreign Items: None

11a. Time of Delivery: 90 Days ARO or as Negotiated with Ordering Agency

11b. Expedited Delivery: To Be Negotiated with Ordering Agency

11c. Overnight and Two-Day Delivery: To Be Negotiated with Ordering Agency

11d. Urgent Requirement: To Be Negotiated with Ordering Agency

12. F.O.B. Point(s): Destination

13a. Ordering Address: Langley Provider Group
9649 Belair Road, Suite 301
Baltimore, MD 21236

13b. For supplies and services, the ordering procedures, information on Blanket Purchase Agreements (BPAs), are found in Federal Acquisition Regulation (FAR) 8.405-3.

14. Payment Address: Langley Provider Group
9649 Belair Road, Suite 301
Baltimore, MD 21236

15. Warranty Provision: Not Applicable

16. Export Packing Charges: Not Applicable

17. Terms and Conditions of Government Purchase Card Acceptance: Contact Contract Administrator

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| 18. Terms and conditions of rental, maintenance and repair: | Not Applicable |
| 19. Terms and conditions of installation (if applicable): | Not Applicable |
| 20. Terms and conditions of repair parts indicating date of parts, price lists and any discounts from list prices: | Not Applicable |
| 20a. Terms and conditions for any other services (if applicable): | Not Applicable |
| 21. List of service and distribution points (if applicable): | Not Applicable |
| 22. List of participating dealers (if applicable): | Not Applicable |
| 23. Preventative maintenance (if applicable) | Not Applicable |
| 24a. Special attributes such as environmental attributes (e.g., recycled content, energy efficiency, and/or reduced pollutants.): | Not Applicable |
| 24b. Section 508 compliance information is available on Electronic and Information Technology (EIT) supplies and services and show where full details can be found (e.g. contractor's website or other location). The EIT standards can be found at:
www.Section508.gov/ | Contact Contract Administrator for more information. |
| 25. Data Universal Number System (DUNS) Number: | 070913962 |
| 26. ROI Access Management Services, LLC d/b/a Langley Provider Group is registered in the System for Award Management (SAM) Database. | |

CONTRACT OVERVIEW

GSA awarded ROI Access Management Services, LLC d/b/a Langley Provider Group a Professional Services Schedule with contract number GS-23F-0191M on May 17, 2002. The current contract period is May 17, 2012 - May 16, 2017 (Option Period 2), with one additional 5-year option period remaining. The contract allows for the placement of Firm Fixed Price or Time and Materials task orders using the labor categories and ceiling rates defined in the contract.

CONTRACT ADMINISTRATOR

Irene Langley
Langley Provider Group
9649 Belair Road-1115
Telephone: (410) 248-0500
Fax Number: (410) 248-2040
Email: ilangley@langleyprov.com

MARKETING AND TECHNICAL POINT OF CONTACT

Irene Langley
Langley Provider Group
9649 Belair Road
Baltimore, MD 21236-1115
Telephone: (410) 248-0500
Fax Number: (410) 248-2040
Email: ilangley@langleyprov.com

CONTRACT USE

This contract is available for use by all federal government agencies, as a source for Financial and Business Solutions, for worldwide use. Executive agencies, other Federal agencies, mixed-ownership Government corporations, and the District of Columbia; government contractors authorized in writing by a Federal agency pursuant to 48 CFR 51.1; and other activities and organizations authorized by statute or regulation to use GSA as a source of supply may use this contract. Additionally, contractors are encouraged to accept orders received from activities within the Executive Branch of the Federal Government.

COMPANY PROFILE

Langley Provider Group (Langley) is a full-service healthcare operations management firm with experience in operation-essential areas, including program operations management, revenue cycle management, operations management, and health information management (HIM). Our service offerings provide the end-to-end coverage needed to support mission-essential services in the ever-evolving federal environment.

We work as a trusted advisor and partner to the medical facilities, health systems and agencies that we serve. Our professionals have depth of experience in distinguishing and effectively operating within the national federal healthcare system, applying the nuances of policy, procedure, and regulation unique to each agency that we serve. We are able to apply the best practices gained in commercial healthcare environments directly to federal healthcare environments.

Langley is a leading provider of health information management, revenue cycle management, and healthcare operations services to our unique provider, hospital, healthcare system, and federal health agency clients. Over the past 18 years, Langley has provided a wide range of healthcare operations management and revenue cycle management services to both commercial and government clients all across the country.

We are proud to have served the federal government for over 16 years. In fact, we have provided high-quality and efficient healthcare management services to federal medical facilities since 1999. Langley

brings in-depth experience handling large programs, complex projects, and full operations management for government clients.

Our spectrum of resources represents experience in addressing the professional needs of healthcare providers, health systems, and federal healthcare entities. Our experts have deep knowledge of industry best-practices and a desire to help our clients succeed. Our professionals are experienced in the leading government health information systems, including DHCP, VistA, AHLTA, and others. Langley's experienced professionals are well-versed in federal healthcare regulations, policies, and procedures specific to clinical operations.

Langley represents a portfolio of companies with \$2 billion in committed resources, and more than 1,500 employees serving over 500 clients across 47 states. Langley is headquartered near Baltimore, Maryland, with offices in the Boston, Cleveland, Philadelphia and Washington, DC, markets.

We believe that commitment to service, passion for excellence, and exceptional experience are all essential to success. We proudly serve as trusted partners with our clients, every step of the way. We partner with you every step of the way, delivering the increased productivity, efficiency and quality you need to meet mission success.

CONTACTS

General Inquires:

Irene Langley, CRCE-I
President

ilangley@langleyprov.com

Billing and Administrative Inquiries:

Kristyn Hartley
Director

khartley@langleyprov.com

Ryan W. McCuskey, JD, MHA, PMP
Managing Director

rmccuskey@langleyprov.com

Online:

Our federal-specific resources can be explored at www.langleyfederalsolutions.com

CONTRACT SCOPE

Langley provides all resources including personnel, management, supplies, services, materials, equipment, facilities and transportation necessary to provide a wide range of professional services as specified in each task order.

Services specified in a task order may be performed at the contractor's facilities or the ordering agencies' facilities. The government will determine the contractor's compensation by any of several different methods (to be specified at the task order level) e.g., a firm-fixed price for services with or without incentives, labor hours or time-and-material.

The Special Item Number (SIN) available under this contract provides services across the full life cycle of a project. When task orders are placed, they must identify the SIN under which the task is being executed. Langley Provider Group has been awarded a contract by GSA to provide services under the following SIN:

SPECIAL ITEM NUMBER (SIN) DESCRIPTION

520-15 / 520-15RC: Outsourcing Recurring Commercial Activities for Financial Management Services

Services that an agency identifies as recurring commercial activities which may include billing, payroll processing, application processing, claim processing, grant application management, loan application management, inventory management, and other financial management activities.

INSTRUCTIONS FOR PLACING ORDERS FOR SERVICES

GSA provides a streamlined, efficient process for ordering the services you need. GSA has already determined that Langley meets the technical requirements and that our prices offered are fair and reasonable. Agencies may use written orders; facsimile orders, credit card orders, blanket purchase agreement orders or individual purchase orders under this contract.

If it is determined that your agency needs an outside source to provide PSS services, follow these simple steps:

Orders under the Micro-Purchase Threshold (\$3,500)
<ul style="list-style-type: none">Select the contractor best suited for your needs and place the order.
Orders in-between the Micro-Purchase Threshold (\$3,500) and the Simplified Acquisition Threshold (\$150,000)
<ul style="list-style-type: none">Prepare a SOW or PWS in accordance with FAR 8.405-2(b).Prepare and send the RFQ (including SOW and evaluation criteria) to at least three GSA Schedule contractors.Evaluate, then make a "Best Value" determination. <p>Note: The ordering activity should request GSA Schedule contractors to submit firm-fixed prices to perform the services identified in the SOW.</p>
Orders over the Simplified Acquisition Threshold (\$150,000)
<ul style="list-style-type: none">Prepare the RFQ (including the SOW and evaluation criteria) and post on eBuy to afford all Schedule contractors the opportunity to respond, or provide the RFQ to as many Schedule contractors as practicable, consistent with market research, to reasonably ensure that quotes are received from at least three contractors.Seek price reductions.Evaluate all responses and place the order, or establish the BPA with the GSA Schedule contractor that represents the best value (refer to FAR 8.405-2(d)). <p>Note: The ordering activity should request GSA Schedule contractors to submit firm-fixed prices to perform the services identified in the SOW.</p>

Developing a Statement of Work (SOW)

In the SOW, include the following information:

- Work to be performed,
- Location of work,
- Period of performance;
- Deliverable schedule, and

Special standards and any special requirements, where applicable.

Preparing a Request for Quote (RFQ)

- Include the SOW and evaluation criteria;
- Request fixed price, ceiling price, or, if not possible, labor hour or time and materials order;
- If preferred, request a performance plan from contractors and information on past experience; and include information on the basis for selection.
- May be posted on GSA's electronic RFQ system, e-Buy

For more information related to ordering services, go to [GSA's Ordering Guidelines](#) and select "Ordering Information." Summary guidelines are also available in the [Multiple Award Schedule \(MAS\) Desk Reference Guide, Ordering Procedures](#).

REQUIREMENTS EXCEEDING THE MAXIMUM ORDER

In accordance with FAR 8.404, before placing an order that exceeds the maximum order threshold, ordering offices shall:

- Review additional schedule contractors' catalogs/price lists or use the "GSA Advantage!" on-line shopping service;
- Based upon the initial evaluation, generally seek price reductions from the schedule contractor(s) appearing to provide the best value (considering price and other factors); and
- After price reductions have been sought, place the order with the schedule contractor that provides the best value and results in the lowest overall cost alternative (see FAR 8.404(a)). If further price reductions are not offered, an order may still be placed, if the ordering office determines that it is appropriate.

Vendors may:

- Offer a new lower price for this requirement (the Price Reduction clause is not applicable to orders placed over the maximum order in FAR 52.216-19 Order Limitations.)
- Offer the lowest price available under the contract; or
- Decline the order (orders must be returned in accordance with FAR 52.216-19).

A task order that exceeds the maximum order may be placed with the Contractor selected in accordance with FAR 8.404. The order will be placed under the contract.

Sales for orders that exceed the Maximum Order shall be reported in accordance with GSAR 552.238-74.

BLANKET PURCHASE AGREEMENTS

Ordering activities may establish BPAs under any schedule contract to fill repetitive needs for supplies or services. BPAs may be established with one or more schedule contractors. The number of BPAs to be established is within the discretion of the ordering activity establishing the BPAs and should be based on a strategy that is expected to maximize the effectiveness of the BPA(s). In determining how many BPAs to establish, consider:

- The scope and complexity of the requirement(s);
- The need to periodically compare multiple technical approaches or prices;
- The administrative costs of BPAs; and
- The technical qualifications of the schedule contractor(s).

Establishment of a single BPA, or multiple BPAs, shall be made using the same procedures outlined in 8.405-1 or 8.405-2. BPAs shall address the frequency of ordering, invoicing, discounts, requirements (e.g. estimated quantities, work to be performed), delivery locations, and time.

When establishing multiple BPAs, the ordering activity shall specify the procedures for placing orders under the BPAs.

Establishment of a multi-agency BPA against a Federal Supply Schedule contract is permitted if the multi-agency BPA identifies the participating agencies and their estimated requirements at the time the BPA is established.

Ordering from BPAs:

Single BPA. If the ordering activity establishes one BPA, authorized users may place the order directly under the established BPA when the need for the supply or service arises.

Multiple BPAs. If the ordering activity establishes multiple BPAs, before placing an order exceeding the micro-purchase threshold, the ordering activity shall:

- Forward the requirement, or statement of work and the evaluation criteria, to an appropriate number of BPA holders, as established in the BPA ordering procedures; and
- Evaluate the responses received, make a best value determination (see 8.404(d)), and place the order with the BPA holder that represents the best value.

BPAs for hourly rate services. If the BPA is for hourly rate services, the ordering activity shall develop a statement of work for requirements covered by the BPA. All orders under the BPA shall specify a price for the performance of the tasks identified in the statement of work.

Duration of BPAs. BPAs generally should not exceed five years in length, but may do so to meet program requirements. Contractors may be awarded BPAs that extend beyond the current term of their GSA Schedule contract, so long as there are option periods in their GSA Schedule contract that, if exercised, will cover the BPA's period of performance.

Review of BPAs:

The ordering activity that established the BPA shall review it at least once a year to determine whether:

- The schedule contract, upon which the BPA was established, is still in effect;
- The BPA still represents the best value (see 8.404(d)); and
- Estimated quantities/amounts have been exceeded and additional price reductions can be obtained.

The ordering activity shall document the results of its review.

HOURLY RATES, FIXED-PRICE AND PERCENTAGE FEE SERVICES

Project Manager	GSA Hourly Rate: \$54.86
Minimum/General Experience: Five plus years progressive management experience in a healthcare environment. Must exhibit strong leadership, analytical, communication, and technical skills. Must demonstrate an extensive, working knowledge of the regulatory and reimbursement environment to ensure compliance with external regulations.	
Functional Responsibility: Ensure quality of services provided and compliance with all regulatory and client policies pertinent to assigned projects by monitoring assigned staff productivity and quality, initiating changes where required. Provide supervision and guidance of assigned staff to ensure efficient operations and quality work product. Provide current and accurate reports when required. Develop and implement procedures for all project activities. Training of staff as needed, and establish goals to ensure successful completion of assigned project. Maintain ongoing education to stay current on all third party payer policies and procedures as updates/changes occur.	
Minimum Education: High school diploma required. Bachelor's Degree preferred. Certified Patient Account Manager (CPAM) certification preferred.	

Financial Counselor	GSA Hourly Rate: \$35.26
Minimum/General Experience: Two to four years progressive work related experience in a health care patient accounting or financial counseling environment. Must be able to demonstrate effective communication skills (verbal, nonverbal, written). Ability to solve problems and make decisions consistent with facility policies and procedures. Ability to work independently, demonstrating effective initiative, follow-through, and organizational skills. Must possess the maturity and professionalism to interact with patients, staff and client personnel. Knowledge of third party authorization and pre-certification requirements, as well as reimbursement requirements to ensure compliance with external regulatory entities.	
Functional Responsibility: Perform all required financial counseling functions. Responsible for verifying eligibility, reviewing third party insurance profiles to ensure carrier policy and compliance standards are met, securing benefits for services to be rendered, communicating to the patient coverage information, system documentation of events, determining authorization requirements, and collecting patient responsible portions.	
Minimum Education: High school diploma or equivalent required.	

Billing Representative	GSA Hourly Rate: \$39.75
Minimum/General experience: Three to five years' progressive work related experience. Working knowledge of billing and hospital systems, i.e., CareMedic, POSI, PREMIS, SMS, Meditech, Keane, etc. Working knowledge of all third party payer resource systems, i.e., BCIQ, EVS, HIQA, etc. Must be able to demonstrate effective communication skills (verbal, nonverbal, written). Ability to problem-solve and make decisions consistent with client policies and procedures. Ability to work independently, demonstrating effective initiative, follow-through, and organizational skills. Must possess the maturity and professionalism to interact with staff and client personnel. Working knowledge of reimbursement and regulatory environment to ensure compliance with external regulations regarding patient and insurance billing issues. Must be CPAT (Certified Patient Account Technician) certified within one year.	
Functional Responsibility: Perform all billing functions as required by client's business office. Billing services to include preparation of uniform billing form, completion of forms, documentation regarding billing activity, submission of billing forms, auditing and reconciliation for billing activity, and reporting. Billing representatives will be trained in both electronic and paper claims submission requirements.	
Minimum Education: High school diploma or equivalent required. Must be CPAT (Certified Patient Account Technician) certified.	

Accounts Receivable Clerk	GSA Hourly Rate: \$38.40
<p>Minimum/General Experience: Possess a thorough working knowledge of billing practices and collection protocols adhered to by third party payers, as well as knowledge of reimbursement and regulatory environment to ensure compliance with external regulations regarding patient, billing and collection issues. Working knowledge of third party resource systems, i.e., BCIQ, EVS, HIQA, etc. Must be able to demonstrate effective communication skills (verbal, nonverbal, written). Ability to problem-solve and make decisions consistent with client policies and procedures. Ability to work independently, demonstrating effective initiative, follow-through and organizational skills. Must possess the maturity and professionalism to interact with staff and client personnel.</p>	
<p>Functional Responsibility: Perform accounts receivable follow-up and collections for all payer financial classes. Minimize the turnaround of third party accounts and maximize the cash flow for the client, while adhering to all government, corporate, and third party collection practices and in accordance with industry standards. This includes working vouchers, correspondence, and accounts prioritization. It requires the ability to develop a rapport with third-party payers.</p>	
<p>Minimum Education: High school diploma or equivalent required. Must be CPAT (Certified Patient Account Technician) certified within one year.</p>	

Clinical Documentation Specialist	GSA Hourly Rate: \$140.96
<p>Minimum/General Experience: The successful candidate should have a minimum of five year's work experience in coding and health information management with progressive management responsibilities; be familiar with all government healthcare reimbursement systems; have experience working collaboratively with diverse groups in a healthcare environment; be successful in interacting effectively with physicians; possess excellent speaking, writing and teaching skills; and have the ability to analyze large amounts of data to identify trends.</p>	
<p>Functional Responsibility: Facilitates modifications to clinical documentation to support appropriate reimbursement for level of care rendered to all patients with DRG based payer. Knowledge of DRG payer issues, documentation opportunities, clinical documentation requirements, and referral policies/procedures. Ensures accuracy and completeness of clinical information used for measuring and reporting physician and hospital outcomes. Assists in screening process, makes referrals, collaborates with case managers and clinical nurse specialists to ensure continuity of patient care and validates clinical documentation with plan of care. Updates clinical documentation tracking tool (determined by facility) for discharges to reflect changes in status, procedures/treatments; queries physician to finalize diagnoses. Educates internal staff of clinical documentation opportunities, coding and reimbursement issues, as well as performance improvement methodologies. Reviews clinical issues with coding staff to assign proper DRG. Tracks response to queries sent to physicians and trends. Maintains thorough and current knowledge of clinical care and treatment of assigned patient populations to critically assess appropriateness of documentation. Serves as member of Clinical Documentation Specialist work group. Assists with special projects as needed. Performs other duties as assigned.</p>	
<p>Minimum Education: Bachelor's degree in health information management, nursing or equivalent; currently licensed as a Registered Nurse; current certification in a health information management or coding discipline recommended; if not a clinician, must have completed clinical coursework with the ability to understand disease processes; coding experience desirable.</p> <ul style="list-style-type: none"> • Must obtain Certified Clinical Documentation Specialist (CCDS) and/or Clinical Documentation Improvement Practitioner (CDIP) within one year of employment. • Must obtain Certified Coding Specialist (CCS) certification within two years of employment. • Must obtain training in ICD-10-CM/PCS. 	

Hourly Medical Coding Services, <i>ICD-10-CM/PCS</i>	GSA Hourly Rates: Inpatient \$55.72 Ambulatory Surgery \$55.72 Outpatient Services \$49.75
<p>Minimum/General Experience: Three years general medical coding experience plus medical coding experience using ICD-10-CM/PCS in a physician or hospital setting. Working knowledge of coding rules, regulations, federal payment guidelines, and 3rd party payer requirements. Demonstrates effective communication skills (verbal, nonverbal, written). Ability to problem-solve and make decisions consistent with organizational policies and procedures. Works independently, demonstrating effective initiative, follow-through, and organizational skills. Must possess the maturity and professionalism to interact with staff and client personnel. Demonstrate understanding of, and compliance with internal Quality Assurance Plan for Coding. Our professional coders are experienced in one or more of the following essential coding systems, including: International Classification of Diseases (ICD), Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS), Diagnostic and Statistical Manual of Mental Disorders (DSM), Current Dental Terminology (CDT), Evaluation & Management Code (E&M), Systematized Nomenclature of Medicine (SNOMED), Diagnostic Related Groups (DRG), Local Coverage Determination (LCD), and National Correct Coding Initiatives (NCCI).</p>	
<p>Functional Responsibility: Read and interpret patient medical information as documented in medical record and apply correct ICD-10-CM/PCS, CPT or HCPCS codes. Research documentation with physician and/or other medical personnel if clarification is required. Maintain professional affiliations and utilize continuing education opportunities by attendance to approved conferences, seminars, meetings, and publication review. Provide the highest level of coding accuracy, integrity, and efficiency.</p>	
<p>Minimum Education: High school diploma or equivalent. Must obtain training in ICD-10-CM/PCS.</p>	
<p>Certifications: Must have obtained professional certification through either the American Academy of Professional Coders (AAPC) or the American Health Information Management Association (AHIMA). Langley's coding professionals are certified through American Academy of Professional Coders (AAPC) or the American Health Information Management Association (AHIMA) with a minimum of three years of experience. Our professional coders are experienced in one or more of the following essential coding systems, including: International Classification of Diseases (ICD), Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS), Diagnostic and Statistical Manual of Mental Disorders (DSM), Current Dental Terminology (CDT), Evaluation & Management Code (E&M), Systematized Nomenclature of Medicine (SNOMED), Diagnostic Related Groups (DRG), Local Coverage Determination (LCD), and National Correct Coding Initiatives (NCCI).</p>	

Medical Record Coder, <i>ICD-9</i>	GSA Hourly Rate: \$43.73 (DC, MD & VA) \$74.81 (Outside DC, MD, VA)
<p>Minimum/General Experience: Two years plus coding experience in a physician or hospital setting. Working knowledge of coding rules, regulations, HCFA guidelines, and third party payer requirements. Must demonstrate effective communication skills (verbal, nonverbal, written). Ability to problem-solve and make decisions consistent with organizational policies and procedures. Ability to work independently, demonstrating effective initiative, follow-through, and organizational skills. Must possess the maturity and professionalism to interact with staff and client personnel. Demonstrate understanding of, and compliance with internal Quality Assurance Plan for Coding.</p>	
<p>Functional Responsibility: Read and interpret patient medical information as documented in medical record and apply correct ICD-9, CPT or HCPCS codes. Research documentation with physician and/or other medical personnel if clarification is required. Maintain professional affiliations and utilize continuing education opportunities by attendance to approved conferences, seminars, meetings, and review of publications. Provide the highest level of coding accuracy, integrity, and efficiency.</p>	
<p>Minimum Education: High school diploma or equivalent required. Must have obtained professional certification through either the American Academy of Professional Coders (AAPC) or the American Health Information Management Association (AHIMA).</p>	

Medical Coding Audit Services, <i>ICD-10-CM/PCS Auditing</i>	GSA Hourly Rate: \$84.58
<p>Minimum/General Experience: Three years general medical coding experience plus medical coding or medical auditing experience using ICD-10-CM/PCS in a physician or hospital setting. Working knowledge of coding rules, regulations, federal payment guidelines, and third party payer requirements. Must demonstrate effective communication skills (verbal, nonverbal, written). Ability to problem-solve and make decisions consistent with organizational policies and procedures. Works independently, demonstrating effective initiative, follow-through, and organizational skills. Possesses maturity and professionalism to interact with staff and client personnel. Understands, and complies with internal Quality Assurance Plan for Coding. Our professional coders are experienced in one or more of the following essential coding systems, including: International Classification of Diseases (ICD), Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS), Diagnostic and Statistical Manual of Mental Disorders (DSM), Current Dental Terminology (CDT), Evaluation & Management Code (E&M), Systematized Nomenclature of Medicine (SNOMED), Diagnostic Related Groups (DRG), Local Coverage Determination (LCD), and National Correct Coding Initiatives (NCCI).</p>	
<p>Functional Responsibility: Provides medical coding audit services using standard methodologies. Performs audit services to determine outliers prior to internal/external audit; identify areas for improvement to reduce fraudulent claims; determine variation in records; identify insufficient documentation, inappropriate coding, or lost revenue; correct problem areas in medical records; verify use of appropriate codes for reimbursement and bundling.</p>	
<p>Minimum Education: High school diploma. Must obtain training in ICD-10-CM/PCS.</p>	
<p>Certifications: Must have obtained professional certification through either the American Academy of Professional Coders (AAPC) or the American Health Information Management Association (AHIMA) in one of the following: Registered Health Information Administrator (RHIA), Registered Health Information Technician (RHIT), or Certified Professional Medical Auditor (CPMA) (CPMA preferred).</p>	

Transactional Medical Coding Services, <i>ICD-10-CM/PCS</i>	GSA Per Transaction Rate: Inpatient \$24.88 Ambulatory Surgery \$23.88 Outpatient Services \$5.97
<p>Perform coding services as required by client's business office for processing medical claims. Coding services to include reading and interpreting patient medical information as documented in the medical record and applying correct ICD-10-CM/PCS, CPT or HCPCS codes; research documentation with physician and/or other medical personnel if clarification is required.</p>	

Claims Processing – Billing Services	GSA Per Transaction Rate: \$3.00
<p>Performs billing functions as required by client's business office for processing medical claims. Billing services to include preparation of uniform billing form, completion of forms, documentation regarding billing activity, submission of billing forms, auditing and reconciliation for billing activity, and reporting.</p>	

Claims Processing – Coding Services	GSA Per Transaction Rate: \$4.00
<p>Performs coding services as required by client's business office for processing medical claims. Coding services to include reading and interpreting patient medical information as documented in the medical record and applying correct ICD-9, CPT or HCPCS codes; research documentation with physician and/or other medical personnel if clarification is required.</p>	

Accounts Receivable Contingency Fee, Medicare Accounts	GSA Contingency Fee: 10.0%
<p>Langley Provider Group will review, resubmit, and continue follow-up activity until final disposition on Medicare accounts 61 days or older. Final disposition will include payment or submission for write-off.</p>	

Accounts Receivable Contingency Fee, Accounts Aged <180 Days	GSA Contingency Fee: 10.0%
Langley Provider Group will review, resubmit, and continue follow-up activity until final disposition on overdue accounts aged less than 180 days. Final disposition will include payment or submission for write-off.	

Accounts Receivable Contingency Fee, Accounts Aged 180-360 Days	GSA Contingency Fee: 15.0%
Langley Provider Group will review, resubmit, and continue follow-up activity until final disposition on overdue accounts aged 180-360 days. Final disposition will include payment or submission for write-off.	

Accounts Receivable Contingency Fee, Accounts Aged >360 Days	GSA Contingency Fee: 23.0%
Langley Provider Group will review, resubmit, and continue follow-up activity until final disposition on overdue accounts aged 360 days or older. Final disposition will include payment or submission for write-off.	